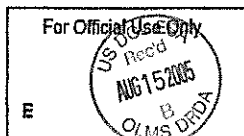


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7482</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Robert</u> <u>G</u> <u>Schiebli</u>  P.O. Box, Bldg., Room No., if any <u></u>  Street <u>680 N. Elmwood Drive</u>  City <u>Wickliffe</u>  State <u>Ohio</u> ZIP Code + 4 <u>44092</u>	4. Name, file number, and address of labor organization. Name <u>IRON WORKERS AFL-CIO</u>  Labor Organization File Number <u>000-052</u>  P.O. Box, Building and Room Number, if any <u></u>  Street <u>1750 New York Avenue, N.W.</u>  City <u>Washington</u>  State <u>District of Columbia</u> ZIP Code + 4 <u>20006</u>
5. Position in labor organization. <u>General Organizer</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u>  Trade Name, if any: <u></u>  P.O. Box, Bldg., Room No., if any <u></u>  Street <u></u>  City <u></u>  State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u>  7.b. Amount <u></u> \$0

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Robert G. Schiebli</u>	On <u>8/10/2005</u>	<u>a/a</u>
	Date	Telephone Number

Name of Person Filing <b>Robert Schiebli</b>	File Number <b>U-</b>
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

**8. Name and address of Business (including trade name, if any).**

Name **Kaiser Permanente**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **North Point Tower #1200**

Street **1001 Lakeside Avenue**

City **Cleveland**

State **Ohio** ZIP Code + 4 **44114-1153**

**9. Business deals with:**

- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

**10. If 9.b. or 9.c. is checked give trust or employer's name.**

Name **Shopmen's Local 468 Insurance Trust Fund**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **Suite 270**

Street **3250 Euclid Avenue**

City **Cleveland**

State **Ohio** ZIP Code + 4 **44115**

**11.a. Nature of such dealing.**

**Kaiser Permanente provides health insurance program to participants included in trust fund**

**11.b. Approximate dollar value of such dealing.**

**\$300,000**

**12.a. Nature of interest held or income received.**

**Participated with others in a round of charitable golf outing to support Metro Health Hospital System Foundation on June 7, 2004.**

**12.b. Amount.**

**\$500**

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

**13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).**

Name **Jerome Kransdorf**

Trade Name, if any: **JAK Consultants**

P.O. Box, Bldg., Room No., if any **Suite 1720**

Street **885 3rd Avenue**

City **New York**

State **New York** ZIP Code + 4 **10022**

**14.a. Nature of payment.**

**Was invited to be included to dinner meeting by my supervisors on March 5, 2004.**

**13.b. Is the Business an Employer ☐ or Consultant ☒ ?**

**14.b. Amount of payment.**

**\$75**